



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
IKEDA	DONNA	R.	396-6694
MAILING ADDRESS (Street)			FAX
P.O. BOX 25847			394-8668
(City)	(State)	(Zip Code)	
HONOLULU	HI	96825	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
HAWAII DENTAL ASSOCIATION			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HAWAII DENTAL ASSOCIATION			593-7956
MAILING ADDRESS (Street)			FAX
1345 S. BERETANIA ST. STE 306			
(City)	(State)	(Zip Code)	
HONOLULU	HI	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
DR. NORMAN CHUN			261-0813
MAILING ADDRESS (Street)			FAX
444 ULUNIU ST.			261-6009
(City)	(State)	(Zip Code)	
KAILUA	HI	96734	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public Utilities☒ Government Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

☒ Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation☒ HealthPlanning, Land & Water
Use Management

Other: (indicate below)

☒ Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.**Donna R. Ikeda**1/20/05*

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

DR. NORMAN CHUN

CHAIR, LEGISLATIVE COMMITTEE

NAME OF ORGANIZATION (if applicable)

TELEPHONE

HAWAII DENTAL ASSOCIATION

808 593-7956

MAILING ADDRESS (Street)

FAX

444 Ulukou Street

808 261-6009

(City)

(State)

(Zip Code)

Kailua

HI

96734

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.**Norman Chun**20 JAN 2005*

(Signature of Authorizing Officer or Person Represented)

(Date)

DR. NORMAN S. CHUN
444 Ulukou St.
Kailua, HI 96734